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EXHIBIT 41

PROFESSIONAL BREATHING ASSOCIATES

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PULMO DOSE

FAX 1-800-949-5732

1. Albuterol 0.05%
2. Albuterol 0.0417%
3. Albuterol 0.083%
4. Albuterol 2.5mg/Ipratropium 0.5mg (Duo Neb)
5. Albuterol 2.5mg/Budesonide 0.2mg
6. Albuterol 2.5mg/Budesonide 0.25mg
7. Albuterol 2.5mg/Budesonide 0.3mg
8. Albuterol 2.5mg/Budesonide 0.4mg
9. Albuterol 2.5mg/Budesonide 0.5mg
10. Albuterol 2.5mg/Budesonide 0.2mg/Ipratropium 0.5mg
11. Albuterol 2.5mg/Budesonide 0.25mg/Ipratropium 0.5mg
12. Albuterol 2.5mg/Budesonide 0.3mg/Ipratropium 0.5mg
13. Albuterol 2.5mg/Budesonide 0.4mg/Ipratropium 0.5mg
14. Albuterol 2.5mg/Budesonide 0.5mg/Ipratropium 0.5mg
15. Albuterol 1.25mg/Ipratropium 0.25mg
16. Albuterol 1.25mg/Ipratropium 0.5mg
17. Budesonide 0.3mg
18. Budesonide 0.4mg
19. Cromolyn 20mg
20. Dexamethasone 150mcg/ml
21. Intal 20mg
22. Ipratropium 0.02mg
23. Ipratropium 0.25mg
24. Metaproteranol 0.4%
25. Metaproteranol 0.6%
26. Triamcinolone 400mcg/ml
27. Budesonide 0.5mg/Formeterol 12mcg

MEDICARE PATIENTS ONLY

FINANCIAL ASSISTANCE AVAILABLE

1 December 2003

SYMBICORT® STUDY SETS NEW STANDARDS FOR TREATMENT OF COPD

LUND, Sweden, 1 December, 2003: A new clinical study published today shows that Symbicort® reduces exacerbations requiring medical intervention*, and significantly improves Health Related Quality of Life and lung function compared to placebo, long-acting beta-2 agonist alone and inhaled corticosteroid alone. (1) Symbicort® is the first therapy to demonstrate such clear benefits in the pharmaceutical treatment of COPD. (1)

Professor Peter Calverley, University Hospital Aintree, Liverpool, UK said: 'This study shows that Symbicort® is a valuable treatment for COPD. Health care professionals should be encouraged to use Symbicort® to help improve the quality of life of their COPD patients.'

The effect of Symbicort® on quality of life was evaluated using the St. George's Respiratory Questionnaire (SGRQ) where a reduction in score of four is considered a clinically relevant improvement, noticeable by the patient. The results showed that over one year, Symbicort® showed a sustained reduction of the SGRQ score (an improvement) by 7.5 compared to placebo. This was a superior improvement to that seen with formoterol alone (reduction of 4.1 vs. placebo) and budesonide alone (reduction of 3.0 vs. placebo).

Professor Paul Jones, St George's Hospital Medical School, London, UK said: "COPD is a distressing and disabling disease, and treatments to reduce the burden of the disease and provide clinically meaningful benefits for patients are extremely important. Symbicort® has been seen to reduce the restrictive effect of symptoms on patient's daily lives and activities, improving their quality of life which makes a real difference to patients with COPD."

The randomised, double-blind clinical study investigated 1022 patients with severe COPD (according to GOLD guidelines²) with FEV1 <50% predicted and a history of exacerbations. Following optimisation with the oral steroid prednisolone (30µg once daily) and inhaled formoterol (9µg twice daily) for two weeks, patients were randomised to receive Symbicort® (budesonide/formoterol 160/4.5µg, 2 inhalations twice daily), budesonide alone (200µg, 2 inhalations twice daily), formoterol alone (4.5µg, 2 inhalations twice daily), or placebo for one year. All patients were also allowed to take terbutaline as needed as reliever medication. (1)

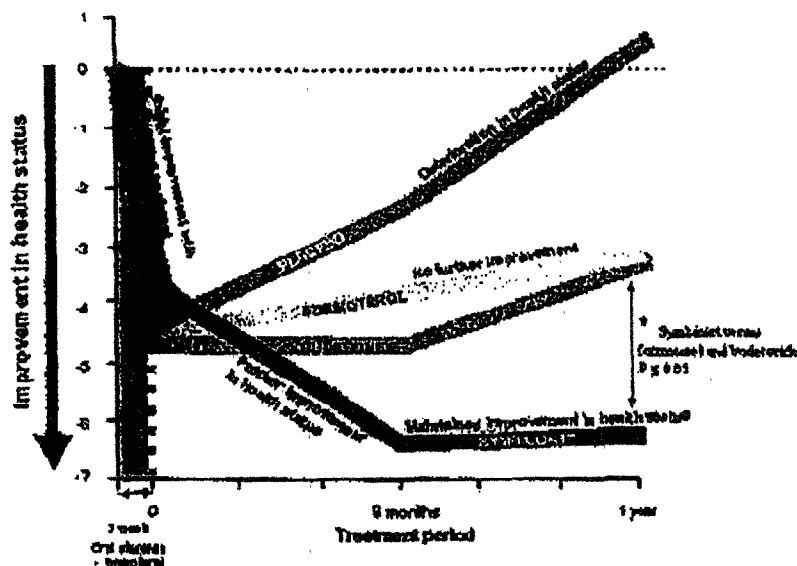


Figure: The effect of Symbicort on quality of life was evaluated using St. Georges Questionnaire (SGRQ). The results showed superior improvement to that seen with formoterol alone or budesonide alone.

The results demonstrated that Symbicort® extends the time to first severe exacerbation by 158 days more than placebo alone, 100 days more than formoterol alone, and 76 days more than budesonide alone.(1) Symbicort® reduced the risk of a severe exacerbation by 22.7%, 29.5% and 28.5% versus budesonide, formoterol and placebo respectively.(1) Also, Symbicort® was significantly better than either monocomponent or placebo in maintaining patients' lung function improvement after optimisation, with the effect sustained throughout the treatment year.(1)

"Exacerbations are particularly distressing for patients with severe COPD, and greatly impact their lives both physically and psychologically," said Professor Peter Calverley, University Hospital Aintree, Liverpool, UK. He continues: "Reducing exacerbations improves patients' quality of life, and should be a key goal of the management of COPD. This study shows that Symbicort® significantly reduces the risk of an exacerbation, and helps to give patients the ability to return to everyday activities."

Symbicort®, which contains the inhaled corticosteroid budesonide and the long-acting bronchodilator formoterol in a single inhaler, was the first inhaled steroid/long-acting bronchodilator to be approved in the EU for the treatment of patients with severe COPD and a history of repeat exacerbations.

AstraZeneca is a major international healthcare business engaged in the research, development, manufacture and marketing of prescription pharmaceuticals and the supply of healthcare services. It is one of the top five pharmaceutical companies in the world

with healthcare sales of over \$17.8 billion and leading positions in sales of gastrointestinal, oncology, anaesthesia (including pain management), cardiovascular, central nervous system (CNS) and respiratory products. AstraZeneca is listed in the Dow Jones Sustainability Index (Global and European) as well as the FTSE4Good Index.

* worsening of the disease requiring hospitalisation and/or the use of oral corticosteroids and/or antibiotics

References:

1. Calverley PM, Boonsawat Z, Zhong N, Peterson S and Olsson H. Maintenance therapy with budesonide and formoterol in chronic obstructive pulmonary disease. Eur Resp J 2003; 22;912-919.
2. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for the Diagnosis, Management and Prevention of COPD NHLBI/WHO Workshop Report (updated version for 2003). <http://www.goldcopd.com>